



UNCOVERING SPECIAL EDUCATION IN INDIA AND UNITED STATES: A COMPARATIVE ANALYSIS

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ABSTRACT

A country's understanding of special education is reflected in its policy interventions. Purport of special education has never been universal, especially when it comes to how different nations define it. U.S is considered as forerunner of the interventions related to special education where in its comparison Indian legislation began attending to disability much later. India can be seen as toddler amidst the nations which are attending to the discourse of special education from a long time. We have primarily focused on the state level interventions in US and India, which further shaped the meaning of disability in these nations. This comparison focuses on how the acts have been established in the past and how current acts provide educational opportunities to people with disability. The perception on special education is taking shape with the idea penetrated by the policies rendered by the developed world. The comparison in stated regard will help to position India's inventions in the global world thereby providing us with goals and scope for further improvement. In spite of differences like infrastructure, resources and population, comparative analysis can help us to adapt certain provisions and amendments in our policies which can be a step towards more inclusive setup.

KEYWORDS: Comparative education, Special education, RPD Act 2016, Disability, CwD.

INTRODUCTION:

Being two different nations, India and U.S are unique in geographical and socio-political aspects. The Republic of India is the seventh largest country covering an area of 3,287,263 sq km and is the second most populous country with a population of over 1.2 billion people. GDP of India is worth 2718.73 billion US dollars in 2018. As per World Bank's data (2013), 3.8% of GDP is incurred on education and it is way less than the global average of 4.7% of the same year. There hasn't been any remarkable increase in this expenditure even in the recent years.

The 2001 census estimate for India indicates that the total population with any kind of disability is over 21 million, whereas the corresponding National Sample Survey (NSS) estimate is 26.5 million. According to the WHO World Health Survey estimation for 2002-2004, the presence of disability in India is about 25% higher than the global average. As per a survey conducted in 2018 by National sample survey for persons with disabilities, 2.21% of the total population is disabled in India. The latest census report of 2011 reported that in the age group of 5-19 years, out of 6.6 million disabled population only 61% are enrolled in an educational institution. Rest, 27% children with special needs never attended any school, while 12% had dropped out of school. According to State of the Education report 2019, only around three-fourth of the population of CWD, between the age of 5-19 attend any educational institution leaving the remaining population uneducated in any formal setup. At the same time, the dropout rate is also higher for CWD as we move to successive schooling levels.

U.S. on the other hand, is a constitutional federal republic covering an area of 9.8 million sq km with over 324 million people. It is the world's fourth largest country by area and third most populous. A home to world's largest immigrant population, U.S. is most ethnically diverse nation composing majorly 73.1% whites, 12.7% blacks, 7.9% multiracial and 5.4% Asian. U.S.A is the world's largest national economy with the GDP per capita worth 20544.34 billion US dollars in 2018 with 5.6% of expenditure on education. According to the estimates of U.S. Department of Education, in 2017-18, 13.7% of nation's K-12 students were identified with disabilities. The Rehabilitation Research and Training Centre on Disability Statistics and Demographics, funded by the U.S. Department of Education, estimates that out of the 6,429,431 youth aged 3-21 that received special education services under IDEA in the fall of 2012, 3-5 years old were 11.4%; 6-11 years old were 40.6%; 12-17 years old were about 42.0%, and 18-21 years old were 5.6%.

OBJECTIVE OF THE STUDY:

In this paper we ought to present a comparative perspective on special education in India and U.S which allows the evaluation of the existing scenario at any given space. International perspectives to education gives us an opportunity to explore the differences and explain why they continue to exist during the present era of global expansion of inclusive education. It helps a developing nation like ours to develop guidelines for policymaking and to compare its policies with our global counterparts.

METHODOLOGY OF THE STUDY:

This paper focuses on locational comparison and the framework for comparative education analyses given by Thomas and Bray (1995) is used. This framework

comprises of detailed study of 3 axis; Geographical levels, nonlocational demographic groups and aspects of education and society. All three domains are non-exclusive categories which means that we cannot understand any one axis in isolation. We must need an integrated outlook focussing on these domains in a holistic manner. It is a multilevel analysis where countries are the main unit of analysis, the target population is children with disability and policies are analysed with respect to special education.

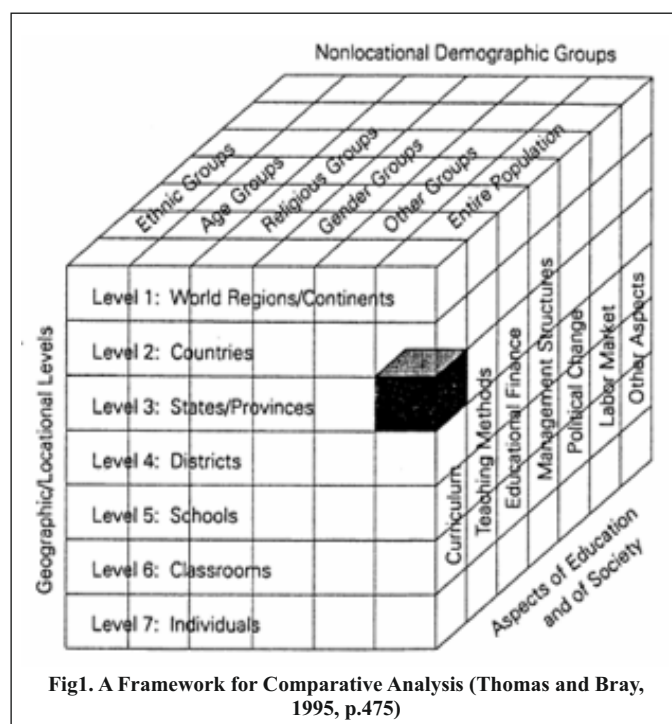


Fig1. A Framework for Comparative Analysis (Thomas and Bray, 1995, p.475)

In this paper we have tried to review the provisions and policies for the education of special children in both the countries. Another aspect that has been studied is how these provisions and policies have evolved over time in each country. Along with comparative analysis between the status of special education in both the nations, terminology used in laws and acts were also reviewed critically.

REVIEW OF RELATED LITERATURE:

Special Education in India:

In order to comprehend the framework in which special education in India and USA has evolved, it is important to trace the course of its development in the policies and acts of the past. The constitutional safeguards (1949) for the first time flagged the right to equality and opportunity for all. The recommendations of

Kothari commission were in favour of integrating the education for handicapped in the general education system. It was followed up by the national policy on education in 1968, which recommended expanding of the educational facilities for physically and mentally handicapped children, and the development of integrated programme for enabling the handicap children to study in regular schools. The terminology 'handicapped' reflected the dominance of medical model. The idea of integrated program placed the onus on the child for mainstreaming to the regular schools. The discourse of special education shifted to 'Equality' with NPE 1986 which devoted section 4.9 to 'the needs of children with disabilities'. It recommended the following measures in this regard:

- "Wherever it is feasible, the education of children with motor handicaps and other mild handicaps will be common with that of others.
- Special schools with hostels will be provided, as far as possible at district headquarters, for the severely handicapped children.
- Adequate arrangements will be made to give vocational training to the disabled.
- Voluntary effort for the education of the disabled will be encouraged in every possible manner."

The state found an escape from its responsibility with the use of terms like 'voluntary effort' and 'Whenever it is feasible...'. The suggestion for vocational training and special schools for severely handicapped headed for segregation of students. Rather than moving towards integration, it was a step backwards to segregation of the disabled children. PIED implemented by NCERT in 1987 focussed on development of instructional material training of parents and personnel, identification and assessment of children with disabilities and providing aids and appliances for children with disabilities. With the establishment of Rehabilitation council of India Act (RCI-1992) the importance and validity of special educators came to the forefront. There was focus on the monitoring and standardization of special educators and other rehabilitation professionals. But the idea of special education was limited to them only, there was no scope for its assimilation in the general school.

Persons with disabilities (equal opportunities, protection of rights and full participation) Act 1995 is the most milestone legislation in the history of special education in India. The Act while describing the disability covers seven disabilities namely blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation and mental illness. It calls for the formation of the central executive committee and state coordinate committee to work in direction of ensuring protection of rights and full participation, PWD education is one of the departments under them. It is focused on prevention of occurrence of disability by screening all the children at least once in a year for the purpose of identifying 'at-risk' cases. Chapter V (Section-26) of the act which deals with education, mentioned that "government and local authorities shall ensure that every child with a disability has access to full free education in an appropriate environment till he attains the age of 18 years". It endeavoured to promote the integration of children with disability in the normal school and special schools for children with disability with vocational training facilities. Vocation aspect of education has been a major thrust area. Under it government by notification should make schemes in conducting part time classes for children with disability after completing class till 5th, setting up of open schools, universities and non-formal education channels. A part of the act puts responsibility on government to set up teacher training institution to arrange for 'trained manpower'. Government by notification was also expected to prepare comprehensive education scheme, making provisions for transport, retrieval of architectural barriers, supply of books and to restructure curriculum.

The Right of Persons with Disability (RPD) Act, 2016:

The new RPD act is a big advancement over the PWD act 1995. It came into effect after the UN convention on the right to persons with disabilities wherein it includes 19 disabilities. This Act defines 'inclusive education' as "a system of education wherein students with and without disability learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities;". It defines a person with disability as "including those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." This is inclined towards inclusion and reflects the principles of social model of disability. The law differentiates three types of categories for persons with disabilities, 'person with benchmark disability' and 'person with high support needs' being the other two. One of the major highlight of the RPD Act is reservation in education and employment. Chapter III of the act deals with the education of children with disability which ensures accessible infrastructure, detection of specific learning disabilities, providing transportation facilities and individualised support leading to full inclusion. But this act limits itself to the children with benchmark disabilities when it comes to availing the right to free and compulsory education, the provision of free books, assistive devices, and scholarships.

Right to Education Act, 2010 mandates schools to reserve 25% seats for students from disadvantaged groups which includes CWD.

Laws in United States:

Rehabilitation Act, 1973 (Public Law 93-112) provide a statutory basis to develop and implement vocational rehabilitation services to handicapped individuals and the individuals with most severe handicaps are to be prioritized. Further it intends develop new approaches based on the evaluation of existing approaches specific to architectural and transportation barriers encountered by the handicapped individuals. Section 504 of the act states the provision for providing auxiliary aids to individuals with impaired speaking, manual or sensory skills.

The Education for All Handicapped Children Act, 1975 (EAHC, Public law 94-142) mandated a free, appropriate public education for students with disabilities between the ages of 3 and 21 and ensure that the rights of children with disabilities and their parents are protected. It also introduced Individualized Education Program for children. In 1986, EHA was reauthorized as PL 99-457, and it covered an additional target population of infants and toddlers below age 3 with disabilities. It also included the provision of Individual Family Service Plans (IFSP) and ensured individualized special service delivery to families of respective infants and toddlers through proper documentation.

Americans with Disability Act, 1992 (ADA):

The Americans with Disabilities Act of 1990 (ADA) was a step ahead towards normalizing and mainstreaming the lives of disabled population. It aimed at preventing the discrimination in employment, public services and transportation, public accommodations, telecommunications and miscellaneous provisions.

Individuals with Disabilities Education Act, 1990 (IDEA, Public Law 94-142):

It kept many provisions of EAHC intact however with this act a shift in terminology was seen. There was a replacement in terms like 'handicapped children' to 'children with disabilities'. The definition of disability saw the addition of two new categories (autism and traumatic brain injury). The development of individualized transition plans (ITPs) for students 16 years of age or older, by school is a must according to this act. This Act recognises thirteen disabilities categories, in 2004 another category of developmental delay was added in this list. The reauthorization of IDEA in 2004 resulted in revision of the law in order to align it with the requirements of the No Child Left Behind Act (NCLB). States which improve their special education services and services for all students are eligible by financial incentives as per NCLB. These incentives for the state are supposed to be refunded to the federal government if the improvement is not there.

ANALYSIS:

- The concept of disability and special education:** In order to analyse the concept of disability arising out of the acts prevailing in both the nations there is a need to closely look at the terminologies used. At the same time it is also important to reflect on the grounding of the acts in the models of special education. As reflected in the definitions of person/child with disability in the current acts of both the nations, the usage of terminology like 'impairment' is common. The deficiency is still placed within the individual. Although the evolution from terms like 'handicapped' and 'retarded' is evident but still it places the onus on the individual for the disability. It implies individual as the one consisting of disability rather than focus on the inability of the society to cater to the needs of all the individuals. This shift towards the social model of disability from the medical model is still incomplete. The core principle on which the social model has been built is still out of bounds from the ideology on which these acts have been based. RPD Act in Chapter I 2(m) uses the term 'inclusive education' instead of 'special education', which can be referred as a move towards a more inclusive setup. It is a step further leaving behind the idea of segregating the disabled population from the abled population and thus treating them as an integral part of the population. It is about developing an education system which has the ability to cater to the needs of all participants of education. IDEA in part A Sec 602 (29) defines 'special education' and this definition is in consonance with RPD's definition, but the terminology lags behind.

Both the acts focus on compensating the capabilities and limitations of the body with the use of assistive technologies and services. RPD 2016 focuses on ensuring the equal participation of person with disability in the society but only provides services and assistive technologies to persons with benchmark disability leading to discrimination among the disabled population itself. The definition of disability in the respective Acts determines criteria to segregate between the disabled and able population. This segregation leads to the creation of the subset of the disabled population which is again defying the concept of inclusion of all. The centre of focus remains the ones who are severely disabled and the remaining population remain at the periphery with limited or complete neglect of their needs. IDEA encompasses 14 disabilities including developmental delays and emotional disturbance whereas RPD includes 19 disabilities including acid attack victim and deaf blinds, which is a big advancement from PWD but its roots are grounded in the medical model where it lacks purview of those disabilities which are not much visible but affect the holistic development of a child and its participation in society like attention deficit disorder, serious emotional disorder etc. Indian laws are acknowledging the disability arising out of acid attacks but at the same time it is ignoring the above stated disability which

are originating due to change in societal setup and order.

Intellectual disability, blindness, hearing impairment, specific learning disorder, multiple disability and speech and language disability are part of the latest laws of both the countries. RPD Act particularly gives space to various blood disorders, leprosy and acid attack which is absent in U.S laws, however IDEA states Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, epilepsy and traumatic brain injury in the category of disabilities.

- b) Laws in India and United States:** In India, we find mention of educational facilities for children with disabilities in Kothari Commission, NPE. These include the guidelines and bear no obligation on the state to follow them. For example: NPE states that children with mild disabilities shall be included in mainstream classrooms whereas those with severe disabilities will be placed in segregated schools, but the policy started implementing after the Plan of Action was created in 1992 (Kohama, 2012). Acts related to disabilities include the Mental Health Act (1987), The Rehabilitation Council of India Act (1992), PWD Act (1995), The National Trust Act (1999) and RPD Act (2016). These Acts put the children with disability within the purview of persons with disability and there exists no Act which specifically caters to children. In India, the construct of disability changes with the onset of new policies and Acts, thus the country doesn't follow the culture of amendments in the already existing laws.

Out of the five major laws on special education in U.S which are listed in literature review, EAHC Act 1975 and later its amendment in 1986 particularly lay recommendations in respect of CWD. Provisions of each Act are built on the previous Acts, so they look related to each other and shows the progression of special education. Along being suggestive, the Acts provide a logistical structure to bring recommendations into practice.

- c) Provisions in India and U.S for CWD:** India brought forth its first Act for CWD in 1992 whereas U.S implemented its first ACT nearly two decades earlier. Legal Acts of both the countries ensure to provide free education in appropriate environment to CWD. In India, this provision of free education is for children till the age of 18 years, on the other hand U.S mandates it for children between 3-21 years of age and later extending it to infants. Architectural accessibility is a common provision in laws of both the countries along with the auxiliary aids to learners with impaired speech, vision or hearing. EAHC Act mentions the rights of parents of CWD to become part of child's evaluation but in India, parents are given no right. National Trust Act, 1999 nevertheless ensures appointing a guardian for the CWD if s/he needs it. A child who belongs to marginalized section of the society is more vulnerable to exclusion. Individualized Education Programs in U.S envisage reducing discriminatory practices of any kind. In India, laws are silent on this issue except to adopt measures for women with disability (RPD Act). To equip special schools with vocational training is considered as important in Indian laws whereas there is no such concept in U.S.

CONCLUSION:

The journey of India and U.S. from medical to social model and their present transition towards the capability model is evident from this comparative analysis. Disability is located in a social context and this interface needs to be incorporated in our acts and policies regarding disability to cater to a broader population. However, inclusion of acid-attack victims in RPD 2016, and individuals with emotional disturbance in IDEA is a step forward towards this interface. India is still giving primacy to vocational training to CWD where U.S is working on devising strategies to infuse them in regular classroom using teaching methods befitting their needs. India, as a nation has surely taken a leap forward in terms of inclusion with RPD 2016, but it still needs time and adaptations to be in par with our counterparts.

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